Macomb County
Discount Dental Plan

Please PRINT and return form with payment

Last Name:_____**First Name:**_____

Date of Birth_____
(Month/Date/Year)

Address_____**City**_____**Zip Code** _____

Phone Number_____

Additional Members in Household:

Name_____**Date of Birth**_____**Relationship**_____

Name_____**Date of Birth**_____**Relationship**_____

Name_____**Date of Birth**_____**Relationship**_____

Name_____**Date of Birth**_____**Relationship**_____

Name_____**Date of Birth**_____**Relationship**_____

If you need to list additional family members, please attach a separate sheet of paper.

Send completed application and money order, cashier's check or personal check for $69 made payable to Macomb County Discount Dental Plan to:

Macomb County Discount Dental Plan
Department of Senior Citizen Services
21885 Dunham Road, Suite 6
Clinton Township, MI 48036

Do **NOT** send cash.

QUESTIONS? Call 586-469-6313

12/12/06-dl